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## APPLICANTS

Claudio Tonelli, Modena, ITALY;  
 Vincenzo Baraldi, Quistello, ITALY;  
 Massimo Zaccarelli, San Felice Sul Panaro, ITALY;  
 Annalisa Delnevo, Sant ' Agata Bolognese, ITALY;  
 Francesco Ribolzi, Modena, ITALY;  
 Jacques Chevallet, Serezin Du Rhone, FRANCE;  
 Jacques Duchamp, Bron, FRANCE;  
 Aziz Aberkane, Decines, FRANCE;  
 Gabriel Meyssonier, Dizimieu, FRANCE;  
 Dominique Pouchoulin, Tramoyes, FRANCE;

## \*\* CONTINUING DATA \*\*\*\*\*

This appln claims benefit of 60/470,453 05/15/2003

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

ITALY MI2003A000213 02/07/2003

## IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

05/07/2004

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	<b>STATE OR COUNTRY</b> ITALY	<b>SHEETS DRAWING</b> 19	<b>TOTAL CLAIMS</b> 146 57	<b>INDEPENDENT CLAIMS</b> 21
35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature _____ Initials _____				

## ADDRESS

22852

## TITLE

Support element for an integrated blood treatment module, integrated blood treatment module and extracorporeal blood treatment apparatus equipped with said integrated module

<b>FILING FEE RECEIVED</b> 4228	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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